

MEDICAL INSURANCE INFORMATION

Please complete all items that apply to you:

___ I do not have medical insurance for the children because I am unemployed.
___ Insurance is not available through my job at _____
== I will enroll these children on (date) _____.
Name Name

___ I have medical insurance on the children. TYPE:

___ My spouse has medical insurance on the children. TYPE:

Spouse's name: _____

Children who are covered:

Name	Date of birth	Name	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance Company Name

Street Address or PO Box City State Zip

Date Coverage Began Type of Coverage Policy # Subscriber #

Employer Name

Street Address or PO Box _____ City _____ State _____ Zip _____

I have completed this form to the best of my knowledge.

Signature: _____ Date: _____